



DOCKET NO. END-5123

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Paul Ritchie et al.

Serial No.: 10/723,799

Art Unit:

Filed : November 26, 2003

Examiner:

For : MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR
LIMITING REUSE

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on

March 17 2004

(Date of Deposit)

Linda F. Hansen

(Name of applicant, person mailing, assignee, or Registered Representative)

(Signature)

March 17 2004

(Date of Signature)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a
Combined Declaration and Power of Attorney for the application of
Paul Ritchie et al. entitled MEDICAL TREATMENT SYSTEM WITH ENERGY
DELIVERY DEVICE FOR LIMITING REUSE attorney Docket No. END-5123, to
complete, pursuant to Rule 51, this application filed on November 26,
2003 by Express Mail pursuant to Rule 10. As required, a copy of the
Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/END-
5123/GSG in the amounts of \$130.00 for submission of the Declaration
pursuant to Section 1.16(e). The Commissioner is hereby authorized
to charge any additional fees which may be required, or credit any
overpayment to Account No. 10-0750/ END-5123/GSG.

Respectfully submitted,

Gerry S. Gressel.

Reg. No. 34,342

Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(513) 337-3535
Dated: March 16, 2004



Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	END-5123
	First Named Inventor	Paul G. Ritchie et al.
	COMPLETE IF KNOWN	
	Application Number	10/723,799
	Filing Date	November 26, 2003
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE (*Title of the Invention*)

the specification of which

☐ is attached hereto

OR

☒ was filed on November 26, 2003 as United States Application Number or PCT International Application Number 10/723,799 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Gerry Gressel at telephone number (513) 337-3535.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax: (513) 337-8489



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Paul G.

Family Name
or Surname Ritchie

Inventor's
Signature

Paul G. Ritchie

Date

12/9/03

Residence: City Loveland,

State OH

Country USA

Citizenship USA

Mailing Address 3366 Wessex Court, Loveland, OH 45140

City Loveland,

State OH

ZIP 45140

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert Mason

Family Name
or Surname Trusty

Inventor's
Signature

Robert Mason Trusty

Date

12/9/03

Residence: City Cincinnati,

State OH

Country USA

Citizenship USA

Mailing Address 12126 Coyote Court, Cincinnati, OH 45241

City Cincinnati,

State OH

ZIP 45241

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Jane A.

Family Name
or Surname Sheetz

Inventor's
Signature

Jane A. Sheetz

Date

Dec 10, 2003

Residence: City Cincinnati,

State OH

Country USA

Citizenship USA

Mailing Address 8190 Sunburst Drive, Cincinnati, OH 45241

City Cincinnati,

State OH

ZIP 45241

Country USA



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Leo

Family Name
or Surname Samson

Inventor's
Signature

Date

Residence: City Pleasant Hill

State CA

Country USA

Citizenship USA

Mailing Address 22 Oak Brook Place

City Pleasant Hill

State CA

ZIP 94523

Country USA



Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	END-5123
	First Named Inventor	Paul G. Ritchie et al.
	COMPLETE IF KNOWN	
	Application Number	10/723,799
	Filing Date	November 26, 2003
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE (*Title of the Invention*)

the specification of which

☐ is attached hereto

OR

☒ was filed on November 26, 2003 as United States Application Number or PCT International Application Number 10/723,799 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Gerry Gressel at telephone number (513) 337-3535.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

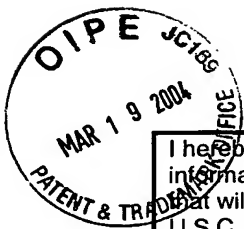
State:

ZIP

Country

Telephone:

Fax: (513) 337-8489



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Paul G.

Family Name
or Surname Ritchie

Inventor's
Signature

Date

Residence: City Loveland,

State OH

Country USA

Citizenship USA

Mailing Address 3366 Wessex Court, Loveland, OH 45140

City Loveland,

State OH

ZIP 45140

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert Mason

Family Name
or Surname Trusty

Inventor's
Signature

Date

Residence: City Cincinnati,

State OH

Country USA

Citizenship USA

Mailing Address 12126 Coyote Court, Cincinnati, OH 45241

City Cincinnati,

State OH

ZIP 45241

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Jane A.

Family Name
or Surname Sheetz

Inventor's
Signature

Date

Residence: City Cincinnati,

State OH

Country USA

Citizenship USA

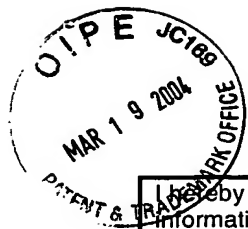
Mailing Address 8190 Sunburst Drive, Cincinnati, OH 45241

City Cincinnati,

State OH

ZIP 45241

Country USA



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Leo

Family Name
or Surname Samson

Inventor's
Signature

Date 12/6/03

Residence: City Pleasant Hill

State CA

Country USA

Citizenship USA

Mailing Address 22 Oak Brook Place

City Pleasant Hill

State CA

ZIP 94523

Country USA